

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002964

1. Entity Name  
COLLEGE FANTASY SPORTS, L.L.C.

FILED

01 MAY -7 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7265 SW 42ND COURT  
DAVIE FL 33314

Mailing Address  
7265 SW 42ND COURT  
DAVIE FL 33314



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0878489

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**MJH**

6. Name and Address of Current Registered Agent

GRANEK, BRIAN M  
7265 S.W. 42ND COURT  
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Brian M Grane*  
Signature, typed or printed name of registered agent and title if applicable.

*Brian Grane*  
(NOTE: Registered Agent signature required when re-nating)

4-24-01  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600004336786--5  
-05/31/01--01090--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYDO, MATTHEW T 4900 N. OCEAN BLVD., APT 1508 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANEK, BRIAN M 12689 N.W. 11TH CT SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOVARIK, MATTHEW G 245 E. 44TH STREET, APT 11-B NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7265 SW 42nd Ct. Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 E 34th St #51614 NY, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-01

(917) 446-4508

Date

Daytime Phone #

CR2E083 (11/00)